



HARPER COUNTY

REQUEST FOR COUNTY BOARD ACTION

Items must be received in the Administrator's Office by 12:00 Noon on the Thursday prior to the scheduled meeting to be considered.

Item #: _____

(Assigned by Administrator)

Meeting Date: 09/21/2020

Department: Health

Item Requested: Updates and Inordinate Spending Authorizations

- Department Updates – COVID 19 and Flu Injections
- Inordinate Spending Authorizations for Vaccines



Inordinate Spending Authorization
(For items above spending limits but within budgets.)

Department: Health

Date: 9/3/20

Requestor: Heather Struble

Item description: ProQuad (MMRV) Vaccine from Merck
Cost Per Item: \$221.93 **Quantity:** 10 **Extended Cost:** \$2,219.30

Item description: _____
Cost Per Item: _____ **Quantity:** _____ **Extended Cost:** \$0.00

Item description: _____
Cost Per Item: _____ **Quantity:** _____ **Extended Cost:** \$0.00

Item description: _____
Cost Per Item: _____ **Quantity:** _____ **Extended Cost:** \$0.00

Related expenses (eg. Shipping & Handling): 30

Total Requested Spending: \$2,249.30

Budget Account(s):	Fund		Dept		Object	Amount
	008	/	24	/	306237	\$ 2,249.30
		/		/		
		/		/		
		/		/		
Total budget lines:						<u>\$ 2,249.30</u>

Project description/justification:

Estimate of vaccine needs for immunizations. Will only order as needed to reduce potential for vaccine wasteage.

Attach required quotes and additional documentation as needed.

Approved Date: _____

BoCC Signature: _____



Inordinate Spending Authorization

(For items above spending limits but within budgets.)

Department: Health

Date: 9/3/20

Requestor: Heather Struble

Item description: Pneumovax 23 Vaccine

Cost Per Item: \$105.19 Quantity: 30 Extended Cost: \$3,155.70

Item description: _____

Cost Per Item: _____ Quantity: _____ Extended Cost: \$0.00

Item description: _____

Cost Per Item: _____ Quantity: _____ Extended Cost: \$0.00

Item description: _____

Cost Per Item: _____ Quantity: _____ Extended Cost: \$0.00

Related expenses (eg. Shipping & Handling): _____

Total Requested Spending: \$3,155.70

Budget Account(s):	Fund		Dept		Object	Amount
	008	/	24	/	306238	\$ 3,155.70
		/		/		
		/		/		
		/		/		
		/		/		
					Total budget lines:	\$ 3,155.70

Project description/justification:

Estimate of vaccine needs for immunizations. Will only order as needed to reduce potential for vaccine wasteage.

Attach required quotes and additional documentation as needed.

Approved Date: _____

BoCC Signature: _____



Date: 9/3/20

BoCC Signature: _____